	REV 10/92)	PENSE CLAIN			Stateme	ructions a ent on Re	verse Sid	e			Page	. 1	of		
CLAIMANT'S NAME										DEPARTME	Page 1 of 1				
Rachel Arrezola POSITION [CB/ID NUMBER							DIVISION OR BUREAU				ernor's Office				
Chief Deputy Press Secretary							Press Office					INDEX NUMBER			
RESIDENCE ADDRESS							HEADQUARTERS ADDRESS					TELEPHONE	NUMBER		
CITY		STATE		ZIP		State C	apitol								
						Sacramento				STATE			ZIP		
				MEALS				T	T	RANSPORTATION		<del></del>	95814		
10-Jan LOCATION									CARFARE,	I		BUSINESS	TOTAL		
DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAKFAST	LUNCH		INCIDENTALS	COST OF		TOLLS,	PRIVATE CAR USE		EXPENSE	EXPENSE	
				,	LONCH	DINNER		TRANS.	TYPE USED		MILES	AMOUNT		FOR DA	
15-Jan	5 00 AM	Los Angeles	-	6.00				347.40		11 09	22	9 79		134	
										550		0.00		0.0	
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												0 00		0.00	
	SUBTO	TALS	0.00	6 00	0 00	0.00	0.00	242.40				0.00		0.00	
OLUMN (		CCTG. USE ONLY		0 00	0.00	0.00	0 00	347.40	0 00	77.09	22	9.79	0 00		
	CLAIM T	OTAL								43	4.79	?	-\$440	78	
		REMARKS AND				en require	d)			1	IORMAL W	ORK HOUF		.20	
ian GS J	public ev	ent in Long Bead	en on tele	medicine											
										P	RIVATE VE	HICLE LIC	ENSE NUI	MBER	
										N	MILEAGE RATE CLAIMED				
										_	0.445				
EREBY CEI	RTIFY That t	the above is a true staten	nent of the tra	vel expenses	incurred bu	me in accord	anso with DD	^			AGENCY			FFICE	
		ned vehicle was used and										USE O			
		d and that I have met the								al to of	PAID BY RE	VOLVING FUN	O CHECK NU	MBER	
taining to ve	ehicle safely	je								Į	de	101	52	5	
				DA	TE /	<i>)</i>	GNATII			A	MENT	DA	TE /		
				L	/19	10							1/19	/10	
NATUKE OF	IIILE Ur							-	3			DA	TE /	',	
													. /	/	